

# Using your high-deductible health plan when paying for medical services

*When you enroll in a high-deductible health plan (HDHP) from Independence Blue Cross, there are certain expenses for which you are responsible for at the time of service.*

## **When paying for medical services:**

- Depending on the type of service, you will be responsible for the payment of deductibles, coinsurance, or copayments. Your provider may be able to give you an estimate of the amount of your financial responsibility before you receive the services.
- If you have chosen an Independence Blue Cross (IBC) network provider, you will benefit from the preferred provider discounts we have negotiated with your provider.
- The amount you pay your provider at the time of service may be more than your actual financial responsibility. This is because the provider may not know the exact amount of the network discount until after the claim has been processed by IBC. An Explanation of Benefits (EOB) that outlines your final financial responsibility to a provider will be sent to you after your claim is processed.
- Your network provider will reimburse you for any expenses that you pay above the network discounted rate (and applicable copayments, deductibles, and coinsurance) for services received. If your EOB indicates that your actual financial responsibility is less than what you paid at the time of service, and you have not received a refund within a reasonable time, you may want to contact your provider to make sure you do not have a credit balance.

## **When working with a network provider to determine how much you need to pay:**

- Ask if you can wait to pay any expenses (other than copayments) until you have received an EOB from IBC that outlines final costs.
- If the provider requires payment at the time of service, ask if you can pay only a portion of the charges until IBC has sent you an EOB that outlines final costs.
- If the deductible amount is more than you can afford at that time, ask your provider if a payment plan can be worked out.

*Note: If you are visiting a network provider for preventive services, you will be required to pay only the required copayment amount at the time of service.*



**If you have a Health Savings Account (HSA):**

- If you use an HSA to pay for out-of-pocket expenses when you receive health care services, you will be required to reconcile the funds in this account in order to avoid unnecessary taxes and penalties.
- When paying for provider expenses, you may not want to use an HSA at the time of service, for the following reasons:
  - Funds in an HSA must be used only for approved medical expenses, or taxes and penalties must be paid. Since IRS regulations govern use of these funds, limiting the number of transactions is the best way to keep these accounts reconciled.
  - The best way to avoid unnecessary taxes or penalties when using HSA funds is to first pay for medical expenses with personal funds or a credit card. Then you may request reimbursement from your HSA for the actual medical costs shown on your EOB.

*Note: Out-of-network, non-participating providers may bill you for the difference between the amount that IBC pays the provider and their billed charges. This amount may be significant.*

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